PTO/SB/08B (07-05)

Substitute for form 1449/PTO				Approved for use through 07/31/2006  Complete if Known	
SUBSTITUTE OF FORM 1448PHO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Application Number	10/593,550
				Filing Date	September 19, 2006
				First Named Inventor	Hisae Kume
				Art Unit	1761
				Examiner Name	Not yet assigned
Sheet	1	of	1	Attorney Docket Number	SPO.129

Examiner Initials*	Cite No. 1	Include name of the author (in CAPITAL LETTERS), title of the article, (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	R1	HEYMAN, M., "Effect of Lactic Acid Bacteria on Diarrheal Diseases," J. Am. Coll. Nutr., April 2000, pp. 137S-146S, Vol. 19, No. 2	
	R2	KOTZ, C.M., et al., "In Vitro Antibacterial Effect of Yogurt on Escherichia coli," Dig. Dis. Sci., May 1990, pp. 630-637, Vol. 35, No. 5.	
	R3		
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Examiner	Date
Signature	Considered
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"E-AGAINER: Initial if reletronce considered, whether or not clation is in conformance with MPEP 608. Draw line through chatfor if not in conformance and not considered include copy of this form with next communication to applicate the conformance of the confo

This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is govered by 35 U.S. C. 122 and 37 CFR 1.14. This coalcion is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Then will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing file buttere, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA. 22313-1450.

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